

Town of Halfmoon 2 Halfmoon Town Plaza Halfmoon, NY 12065 371-7410 ext. 2266 Fax: 371-0304 Building and Planning Departments

Stormwater Application

for Soil Disturbance Permits & Requests for NOI/SWPPP Acceptance & Notices of Termination

Application Date:_____

Date:____

	Fee:
FEE SCHEDULE: Soil Disturbance Residential: Minor Subdivision = \$400 flat fee	Permit #:ever is greater
Type of Request: ☐ Soil Disturbance (☐ Residential - ☐ major/☐ Notice of Intent/SWPPP Acceptance ☐ Notice	
Business/Project Name:	
Address/Location:	
Property Owner:	
Address:Da	ate of Birth/Employer ID#:
Phone: Email:	Fax:
Business Representative:	
Address:	
Phone: Email:	
Contractor/Builder:	
Address:	
Phone: Email:	
Site: a. Number of Lots: Parcel identification # (SBL) of lots: b. Town Zoning Code:	
c. Size of total project:acres Area to be disturbed	ed:acres
d. Type of work proposed:	
e. Has a SPDES General Permit for Stormwater Discharges from a Construction Activity been applied for?	
Yes No If yes, please provide a copy of the NOI (Notice of Intent) Acknowledgement Letter from NYSDEC ** Please maintain a copy of your Stormwater Pollution Prevention Plan on site at all times. **	
Applicant Signature:	
(For Department Use Only)	
Action: Approved Disapproved Reason for Disapproval:	
Building Dept. (Signature):	Date:

Planning Dept./Stormwater Management Officer (Signature):